Submit 3 Copies To Appropriate Distric Office	t State of	State of New Mexico			Form C-103		
District I	Energy, Minerals and Natural Resources			[Revised March 25,	1999	
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO.			
OIL CONSERVATION DIVISION 11 South First, Artesia, NM 88210			30-005-62100				
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE				
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505							
1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & Gas Lease No.			
87505	OTICES AND DEPORTS	ONWELLG		7 7 Name	- T T - SA A A N I		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR				7. Lease Name or Unit Agreement Name: Marlisue Queen Unit		ime:	
PROPOSALS.) 1. Type of Well:					/ III		
Oil Well Gas Well	☐ X Other	- aFCF	EIVED				
2. Name of Operator	ne of Operator			8. Well No			
Tipton Oil & Gas Acquisitions, Inc.			2 4 2005	003Z Tract			
3. Address of Operator			HIESIA	9. Pool name or Wildcat			
P.O. Box 1234, Lovington, NM 4. Well Location	88260		•	Double L Queen;	Assoc.		
Unit Letter K: 1	1560 feet from the	South	line and250	00 feet from th	he <u>West</u> lin	.e	
					_		
Section	24 Township 14		ge 29E	Description of the second of t	eves, County	ezerone descal	
	10. Elevation (Sho	w whether DI	R, RKB, RT, GR, et				
	#			(47 a 49 k			
11. Check	k Appropriate Box to	Indicate Na	ture of Notice,	Report or Other	Data		
NOTICE OF	INTENTION TO:		SUE	SEQUENT RE	PORT OF:	_	
PERFORM REMEDIAL WORK	☐ PLUG AND ABAND	ON 🗆	REMEDIAL WOR	₹K □	ALTERING CASIN	1G □	
TEMPORARILY ABANDON	☐ CHANGE PLANS		COMMENCE DR	RILLING OPNS. 🗌	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND	AS WEST WEIT		
OTHER:			<u> </u>	RT INJECTOR TO		x	
 Describe proposed or composed we or recompilation. 							
12/1/04: Unseated packer. Pull commence production 12/1/104		of hole. Ran	new 2 3/8" tubing	, rods, and pump. S	Set pumping unit and	l	
commence production 12/1/104	·•						
24-hr. test: 0 BO, 30 BW, 0 M	CF						
I hereby certify that the informa	ation above is true and cou	mnlete to the l	nest of my knowle	dge and helief	······································	·	
SIGNATURE Deblie	IN Kelves TITL	_	ræyan Tipton (Pre	-	DATE //2	1/2	
Type or print name Lar Ryan	n Tinton Tolomb	one No. 505-	· · · · · ·			<u> </u>	
(This space for State use)	Notice OCD SY page						
APPPROVED BY	Natify	TITLE			DATE		
